Texas Department of Health Toxic Substances Control Division Lead Certification Section



P.O. Box 149200 Austin, Texas 78714-9200 (888) 778-9440; (512) 834-6612

## REGISTRATION FOR STATE LEAD CERTIFICATION EXAMINATION

DO NOT WRITE IN THIS BOX - FOR HEALTH DEPARTMENT USE ONLY					
Date rec'd:/ Amount \$	<b>Remittance</b> #	Budget #7C790-085			
a cashier's check or money order payable CHECKS, COMPANY CHECKS, OR CAS	oleted and submitted to the above address along with to the "Texas Department of Health - 7C790-085." SH. All paperwork must be received prior to the exa xamination. Please note that it may take up to three v	O DO NOT SEND PERSONAL mination date in order to verify			
TYPE OF CERTIFICATION EXAM: Plea and	se check only one box for the type of exam to be take fee are required to be completed and submitted for	en. A separate registration form each exam requested.			
□ Inspector	□ Risk Assessor	□ Abatement Supervisor			
Complete (print or type only) the sections b	pelow.				
Mr.					
Ms.	( ) -	( ) -			
Applicant Name (Last, First, M.I.)	Telephone No.	Fax No.			
Where do you want your examination resul	lts mailed?				
Mailing Address	City	State Zip			
Examination date: Time: (Call TDH to inquire about the date, time, and site to fill	Site:				
	nentation listed below must be submitted to the dep les. Please place a checkmark (🗸) in one of the	artment in accordance with the designated boxes below which			
	a lead inspector course completion certificate from a ng a course completion certificate [§295.206(c)(1), (c)(				
<ol> <li>For Lead Risk Assessor Exam:</li> <li>Submit a lead inspector and a lead risk assessor course completion certificate from a department-accredited training provider within six months of receiving a course completion certificate[§295.207(c)(1), (c)(4), &amp; (c)(5)];</li> <li>Submit the education/experience documentation which meets the requirements in 295.207(b)(1)(C) (a bachelor's degree and one year of experience in a related field [e.g. lead, asbestos, environmental remediation work, or building construction trades]; OR an associate's degree and two years experience in a related field [e.g. lead, asbestos, environmental remediation work, or building construction trades]; OR a high school diploma (or equivalent), and three years of experience in a related field [e.g. lead, asbestos, environmental remediation work, or building construction trades]).</li> </ol>					
six months of receiving a course co	r course completion certificate from a department-accrempletion certificate[§295.208(c)(1), (c)(4), & (c)(5)]; which meets the requirements in 295.208(b)(1)(C) (one				

IMPORTANT: If after three attempts an individual does not pass the certification examination within six months of receiving a course completion certificate(s), the individual must retake the course(s) from a department-accredited training provider(s) and receive a course completion certificate(s) prior to retaking the certification examination.

lead abatement worker **OR** at least two years experience in a related field [e.g. lead, asbestos, or environmental remediation

work], or in the building construction trades).

## CERTIFICATION AND ACKNOWLEDGMENT STATEMENT

I hereby certify that there are no misrepresentations or falsification of information provided on this examination registration form and that all information I have provided is correct, complete, and true to the best of my knowledge. I also acknowledge that the examination is the property of the Texas Department of Health and shall not be removed from the examination site in whole or in part, and shall not be reproduced, distributed, or sold. Any form of cheating shall not be tolerated and will result in the denial of an individual's application for lead certification in accordance with \$295.205(c)(15) of the Texas Environmental Lead Reduction Rules.

Signature of Registra	nt			Date
	esented at the examination s led to you confirming your			ïrmation letter, along with a map to the
	// Result:		iled/	./
SI	JGGESTED FORMAT FO	OR DOCUMENTING I	EAD-RELATE	D EXPERIENCE
50	OGESTED TORRITTT	SK DOCCIVILITING I	END REENTE	DAI ERIETTEE
Applicant's Name	<u> </u>	Social Security No.	Submission	Date
DATES OF EMPLOYMENT	EMPLOYER NAME, ADDRESS & PHONE #	JOB TITLE & DUTIES PERFORMED		EXAMPLE TYPICAL PROJECTS & VERIFICATION CONTACTS, OF SUPERVISOR (Include Phone #)